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ABSTRACT

This paper discusses strategies for the evaluation of severely handicapped students. The shortcomings of standardized assessment techniques are reviewed, and the appropriateness of normative comparison and the developmental model with this population is discussed. The role of the school psychologist in student assessment is described, and the need for specific and immediate changes in evaluation practices is emphasized. The usefulness of family interviews and behavioral observation techniques are discussed in a proposed model which includes the adaptive use of traditional tests. The importance of service delivery related to educational outcomes is also discussed, suggesting an expanded role for the school psychologist as consultant. (JAC)

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THE EVALUATION OF SEVERELY HANDICAPPED CHILDREN: STRATEGIES AND TECHNIQUES

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Based on a presentation at the 1984 National Association of School Psychologists Convention, Philadelphia, PA.--John Murphy, co-presenter.

Abstract

In psychoeducational evaluation, process and product are generally seen as related. While the use of standardized assessment instruments is required for decision making in special education, the availability of valid tools and techniques for severely handicapped children has posed a perplexing problem for school psychologists. Outcomes of the application of traditional evaluation practices have not been favorably perceived by parents and teachers of the severely and profoundly handicapped population who view classification or documentation of severity as non-functional. If the school psychologist wishes to maintain a respected role on the evaluation team for lower functioning or more physically impaired children, specific and immediate changes in evaluation practices are warranted. This paper reviews important issues and examines strategies and techniques designed to lead to more functional assessment as a basis for program planning.

While advances have been made in evaluation of all low incidence groups, the severely and profoundly handicapped continue to be a cause of concern. A tendency remains to describe such individuals as "untestable." Even when efforts are made to assess skills at appropriate developmental levels, questions remain regarding the value of age-normed descriptions for subjects more than four standard deviations below the mean.

Development of evaluation procedures for the severely and profoundly retarded requires careful consideration of the practical, social, and psychometric outcomes of the process. Use of traditional standardized tests serves the purpose of verifying the clearly observable severe nature of the disability and may be required for placement decisions by state standards. Yet, the most commonly used tests such as the Wechsler scales and the Stanford-Binet are beyond the response capabilities of severely impaired children and yield virtually no useful information. Psychologists who perpetuate a non-productive role in such evaluations risk eventual exclusion from the team process altogether. Therefore, strategies must be evolved that will generate meaningful information consistent with educational practices for the severely and profoundly retarded. The role of the school psychologist may be enhanced as a result of the consideration of issues pertinent to the evaluation task, and from the incorportation of new procedures and instruments into the assessment process.

Issues

Specialization. One of the most important considerations involves the manner in which services are delivered to any low incidence group, particularly the severely and profoundly mentally retarded. Traditional scheduling arrangements have often distributed cases equally among staff,

or assigned the majority of cases to the person with the least seniority in any particular year. While the seniority system reflects an attitude of devalued status toward the handicapped (Wolfensberger, 1972), provision of services by one person would be more desirable than shared responsibility. Skills, attitudes, and interests are developed through direct experiences. The more contact a psychologist has with any handicapping condition, the better the chance of increased understanding of evaluation issues. Greater sensitivity to classroom problems for the particular handicapped group will also result. To this end, specialization is advocated whether services are to be regionalized to combine districts or reorganized within a larger district. The psychologist who specializes in working with one specific population will generally improve skills by affiliating with appropriate professional and community organizations, taking additional coursework, and broadening knowledge through related reading. A service arrangement which encourages one person to develop expertise in the area of the severely and profoundly retarded is advocated as the method most likely to lead to quality services for the population and more useful involvement for school psychologists.

Normative comparison and standardized evaluation. School psychologists have been inhibited in their efforts to better serve the severely and profoundly retarded due to a reluctance to abandon the tenents of normative comparison and standardized evaluation--the benchmarks of traditional services. This lack of adaptive behavior has been alarming considering the obvious inadequacy of evaluation results for the target population based on use of the Stanford-Binet, Vineland Social Maturity Scale, or Bayley Scales of Infant Development. Efforts to estimate intelligence by

extraploating IQ scores beyond the limits of certain scales further underscores the need for new approaches. Certainly, the psychologist has a professional obligation to ascertain that a child is, in fact, severely retarded and not handicapped by physical, emotional or sensory conditions which may mask general functioning. Normed tests may facilitate this process. However, there are more useful assessment approaches to be discussed later for those cases where the child is unable to perform in a way that would justify use of normative or standardized procedures.

By conventional definition, standardization refers to the process of consistent administration of items so that the scores derived by different examiners will be comparable, and so that all obtained results will be based on the same procedures used to develop test norms. Although evaluation procedures with the severely and profoundly handicapped rarely involve such a conception, the issue of standardization is not totally irrelevant. In contrast to the statistical nature of traditional evaluation, the focus of assessment with the severely retarded should be on the collection of specific behavioral information to be used in educational planning. Haring (1977) has discussed various measurement problems and strategies for assessment of the retarded. Behaviors must be clearly and completely defined so that measurement through observational systems will yield reliability between observers. Thus, despite the lack of norms or standardization, the methodology of behavioral analysis has provided a structure for low incidence evaluations that mandates more than a casual approach and yields more useful information than would be available through an informal process.

The developmental model. Developmental approaches are characterized

by three assumptions: (a) behavior changes follow a developmental hierarchy that is more or less invarient; (b) learning moves from acquisition of simple to complex activities; (c) complex behavior results from coordination or modification of more basic behaviors (Haring & Bricker, 1976). A basic problem with assessment instruments based on the developmental model involves the method in which they are produced. Construction and validation take place along normative lines by determining the average age at which a skill is present and the sequential order of emergence. However, there is little empirical support for the assumption that severely and profoundly handicapped children develop in the same manner as that suggested by a normative model (Switsky, Rotatori, Miller & Freagon, 1979).

Those psychologists who have attempted to adjust evaluation procedures to obtain more useful information with the severely and profoundly retarded generally have adopted a developmental measure. These instruments are appealing in that they may suggest a quantitative measure to substitute for the unavailable IQ. Yet, extreme caution is warranted due to potential abuses of developmental age estimates. Adjustment of educational practices commensurate with levels of functioning may greatly restrict learning opportunities because the child is perceived as not being developmentally ready for higher levels of learning. Focusing training on the developmental age may also result in long hours of tedious training of skills which are functionally irrelevant to the child's ultimate habilitation placement (Brown, Branston, Hamre-Nietupski, Pumpian, Certo & Gruenwald, 1979). For example, the training of an eighteen year old in color recognition might be questioned in terms of the value of the skill for successful adjustment after school years, especially if the student lacks

self-help skills essential for daily living. The work of Gold (1972, 1973) has adequately demonstrated that severely handicapped individuals are capable of more learning and performance than previously recognized. However, they may require assessment and educational strategies more oriented toward daily living than cognitive development in order to make maximum progress during school years.

Despite these problems, developmental instruments may continue to be of value in estimating degree of impairment and in certifying eligibility for placement. Psychologists must remain aware of the limitations of the model and resist pressure to summarize more impaired children numerically. Their focus should be on the provision of a comprehensive behavioral assessment that will lead directly to development of the individual educational program (IEP). Several activities and techniques comprise the evaluation methodology for severely and profoundly retarded children and will be discussed next.

Evaluation Strategies

The objective of all low incidence evaluation is the acquisition of functional information across various assessment domains. Given the close relationship between teaching and assessment for the severely retarded, psychologists should consider the inclusion of a classroom teacher as a very active participant in most evaluation processes. Essential activities include interviews, observation and adaptive use of tests. In addition, the behavior analyst should recognize the importance of the quality of his/her interactions during the evaluation as a means of facilitating all activities. Evaluation outcomes are also perceived as an important part of the process and should be considered from the outset. Figure 1 depicts the

interrelationship between the evaluation processes and target areas. The

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Insert Figure 1 about here

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domains included in the chart are not exhaustive or mutually exclusive but serve the purpose of guiding data collection and organization. Low incidence evaluation and the intricacies of each component have been discussed elsewhere and will not be reviewed in detail (c.f., Forcade, Matey, & Barnett, 1979). Each activity will be addressed separately in the context of evaluation for the severely and profoundly retarded. Such a discussion will serve to illustrate possible strategies and sources of information for meeting the needs of this population.

Interactions. In general more severely handicapped children require great involvement of family members in their educational programs. Classroom programming constitutes only about one-third of the student's waking hours and the potential for training extends well beyond the boundaries of the educational setting. Since direct test measurements provide scant information for lower functioning children, the family will be an important source of reliable information. Positive interactions between the family and evaluation team members (especially the psychologist) are essential for successful assessment and intervention.

The interaction concept has as a major objective the establishment and maintenance of rapport. Although most psychologists should understand the techniques that facilitate rapport, a few comments are particularly cogent for low incidence cases.

Rapport implies avoidance of professional distance, sensitivity to potential family adjustment problems, and meaningful inclusion of the

		Sensory & Motor	Communi-cations	Affective Behavior/ Social	Self-Help	Cognitive Education Vocation
Interactions	Interview					
	Observations					
	Adaptive Use of Tests					
	Outcomes:					
	Performance Strengths					
	Performance Deficits					
	Functional Needs					
	Immediate Objectives					
	Related Services					

Figure 1. The interrelationship between evaluation processes and target areas for Low-Incidence children.

family as concerned participants in the evaluation process. These strategies are intended to reduce the stress of the evaluation and to maximize likelihood of development of a positive working relationship between home and school. Face-to-face meetings are the best method of building trust in the early stages of an evaluation. Whenever possible, the psychologist should attempt to make a home visit to meet the child and family members. Visitation will create an impression of individualized services important to early interactions. Office arrangements often have an air of formality and can duplicate uncomfortable previous experiences parents may have had with other professionals. In less formal settings the examiner is able to demonstrate concern for the child. The family must feel comfortable enough to express those feelings which are recognized as common in the adjustment to the presence of a handicapped family member (Buscaglia, 1975; Waisbren, 1980).

Initial contacts can set the stage for very different roles. On one hand, the family may immediately be assigned (and assume) a passive role which encourages projection of educational responsibility totally onto the school. Such posture does not increase the probability that the family will actively follow through with recommendations. On the other hand, creation of an active role casting the parents as information sources and experts regarding the child will encourage participation beyond the scope of data collection and into the intervention activities. In this respect, interactions should be perceived as a series of on-going activities that are not tied to any particular setting and are vital to the successful completion of all components of the evaluation.

Interview. For the purposes of discussion, interviews and observations

are considered separately. However, examiners should be aware of the continuous interaction between the two techniques in low incidence evaluation. The first home visit provides an opportunity to gain information through both processes and to informally determine the direction and function of subsequent contacts. The order of treatment within this paper is not meant to imply that one task comes before the other or that they are discrete or episodic events.

The information gathering process moves gradually from collection of general background and broad developmental descriptions to a highly specific delineation of the child's behaviors in various domains. Throughout each meeting, the examiner should proceed cautiously, asking open ended questions, and probing where necessary to clarify ambiguities. Often, later interviews will be used to fill in information that has been identified as important in the course of other activities. Interviews are usually conducted in an informal, conversational style. Yet, the vast amount of information to be covered requires some type of plan. Figure 1 suggests the general areas to be covered. The examiner must also become very familiar with a variety of assessment tools which will suggest the specific content for both interviews and observations.

At the global level, instruments such as the Vineland Social Maturity Scale or Developmental Profile (Alpern & Boll, 1972) serve the purpose of providing gross estimates of development and highlighting possible areas of strength and weakness. However, much more detailed information is required to understand the extent of the child's handicap and to determine specific educational needs. One useful instrument is the Adaptive Behavior Scale or ABS (Nihira, Foster, Shellhaas, & Leland, 1975). The ABS measures the

level of independence in ten daily living areas and the frequency of occurrence for fourteen maladaptive behavior categories. Because of its length, this tool is often completed by informants in a paper and pencil format and a great deal of data is lost in the process. Ideally, examiners should systematically cover each of the habilitation skill areas by asking questions that will enable scoring specific items. For example, "Describe how Nick is fed" will provide more specific information than , "Does Nick feed himself?" This method of questioning will provide information well beyond the scope of the printed item and enhance the examiner's impression of the child. The fourteen categories related to maladaptive behaviors cover problems that are often present in older retarded individuals and those with emotional problems. Interviewers must be careful to objectively define any uncovered difficulties so that more detailed and comprehensive observations can be planned to evaluate the severity of the behavior. To this end, the behavioral interview methods suggested by Bergen (1977) may be useful. Problems of definition and measurement of behaviors in the process of behavioral assessment have also been frequently addressed (Miller, 1980; Sackett, 1978).

Reliability is a concern with information gained through interviews but independent verification is not always possible. The examiner should strive to collect data from different informants whenever possible. Another technique for augmenting impressions developed through interviews is direct observation of behaviors. The two highly interrelated processes of observation and interviewing generally provide the bulk of data about the severely and profoundly retarded and should be continuously utilized during the evaluation as crosschecks on each other.

Observation. Where standardized tests are the psychologist's essential tools for high incidence cases, observational scales serve a similar function in the evaluation of severely impaired children. Many new assessment materials have been introduced in recent years. Some of these tools are based on the developmental model and others are the result of task analysis in specific skill areas. Since the proposed evaluation model emphasizes measurement of functional skills, disucssion will focus on instruments generating behavioral information as opposed to age descriptions.

As with interview based ratings, observation tools vary along the dimension of behavioral, or task, specificity. The TARC Assessment Guide (Sailor & Mix, 1975) requires great familiarity with the child in the observation of four behavior domains. It may be considered as a short form behavioral assessment geared directly to formulation of instructional objectives. At a somewhat more complex level, administration of the Balthazar Scales of Adaptive Behavior (Balthazar, 1973) involves immediate observation of natural behavior covering eight major areas. The resulting information is more detailed than that from the TARC. The Behavior Chacteristics Progression Chart, or BCP (Vort Corporation, 1974) is an example of a highly refined task analysis system. For the purposes of initial assessment of the severely impaired, the BCP may be too comprehensive for use by the psychologist. However, this type of instrument does have value for the continuous evaluation and programming activities required of classroom teachers. Other curriculum based assessment devices which might be considered for observational assessment would include the Learning Accomplishment Profile (Griffin, Sanford & Wilson, 1975) and the Individual Assessment Guide for the Pennsylvania Training Model (Sommerton & Turner, 1975).

Extensive review of additional assessment instruments is available elsewhere (Kansas Department of Education, 1979; Gerkin, 1979).

Each observation device will have specific instructions for determining the presence or absence of a given behavior. Haring (1977) has suggested methods of dealing with emerging behaviors in a manner that will enable the psychologist to recognize incomplete development so that appropriate recommendations can be made to adjust instruction accordingly. The psychologist must be particularly sensitive to inconsistently developed behaviors when reporting concerns in the social/emotional domain. For instance, behavior analysis might indicate that a particular child can attend to task but does so infrequently. Such a youngster would be more advanced than the individual without any attending skills, and the educational implications would be quite different in the two cases.

Adaptive use of tests. The proposed model does not advocate the elimination of the use of traditional tests but simply emphasizes the awareness of limitations of such instruments with the severely and profoundly retarded. Considering the statistical nature of standardized instruments, one must question the value of an obtained stanine or percentile rank of 1,as the major purpose of evaluation with the severely impaired is the acquisition of information of direct relevance to educational programming. However, traditional tests should not be totally abandoned, especially for children with physical handicaps. Certain instruments may be appropriate depending on the child's level of functioning, chronological age, and the presence of other handicaps. Occasionally, attempts to use tests adaptively will idenfity children who are not as cognitively impaired as one would believe based on first impressions.

Two options are available in attempting to use tests. One involves the use of "response fair" devices that attempt to circumvent any physical handicaps that could mask functioning (Harrington, 1979). Tests like the Peabody Picture Vocabulary Test permit a pointing response and are well suited for non-verbal and severely retarded children. Another option involves departing from the standardized administration procedures or response format in order to accomodate a child's problems. A child with motor problems could be permitted to work beyond time limits if clearly able to perform a task. Also, an examiner might develop a signal system of communication with a child (i.e., eye blinks to signal yes/no) and perform motor tasks such as pointing in response to the child's directions. Although such procedures would invalidate norms, the primary reason for initiating them would be to determine if a child could respond beyond the limits imposed by the handicap in such a manner as to render the standardized results suspect.

Another adaptive possibility would involve the administration of tests at levels adjusted to the child's developmental level. The Bayley Scales of Infant Development and similar instruments are typical examples of this strategy. Given the argument against numerical descriptions and the developmental model presented earlier, such approaches are not advocated. The adaptive use of tests with a variety of low incidence populations is more thoroughly discussed by Forcade, Matey, and Barnett, 1979.

Evaluation outcomes. Delivery of services to the severely and profoundly impaired should begin with an evaluation which is perceived as an on-going process. The psychologist should attempt to perform a type of behavioral assessment that will lead directly to educational outcomes.

Through repeated and frequent contact with the child, family, and teacher the psychologist is in a position to play several roles at both the planning and program implementation stages. For example, the psychologist could act as a resource and referral agent for community based medical and/or social services. After contact is made with the outside agency the psychologist could follow-up as a liason between the school and community. In light of the vast amount of information available for consideration during the evaluation, the psychologist may be in a position to help the placement committee anticipate potential barriers to successful program initiation. Unrealistic expectations of parents, transportation problems, or severe behavior difficulties are just a few of the problems that can arise. The teacher, psychologist, and family could all work collaboratively to overcome impediments and develop programming strategies. These activities would contribute considerably to an expanded consultation role for the psychologist. Thus, if the psychologist is determined to play an active role in the educatinal process for the severely and profoundly handicapped youngster, only a small part of the evaluation outcome involves the development of a written report.

Summary

A model has been presented for approaching the difficult task of evaluating severely and profoundly retarded individuals. Standardized instruments and methodology have been forsaken in lieu of behavioral assessment through interviewing, observation, and adaptive use of tests. Questions have been raised about the appropriateness of normative comparison and the developmental model in working with the severely impaired. Finally, specialization has been suggested as the preferred method of service delivery.

Many of the suggestions presented in this paper are controversial and will be difficult for experienced psychologists to accept. However, legislation has mandated that services be provided to the severely and profoundly retarded. Since traditional evaluation approaches have generally failed when applied to this population, the proposed approaches represent an alternative course of action. The advocated techniques for evaluation are seen as having the potential to expand the psychologist's role in working with low incidence groups. Data based assessment is more likely to provide clearcut direction in development of educational programs and, thereby, establish the psychologist as a productive member of the evaluation team.

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